OSH Issues facing Physicians and Nurses: Burnout and Occupational Stress

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Disclosure

- I have no financial relationships to disclose.

Objectives

- To describe the primary technological hazards facing physicians and nurses and how that contributes to burnout and occupational stress
- To understand what policies can be created and implemented that impact safety and health of the physicians and nurses at an institution
OSHA program

- Slips, trips, and falls
- Patient handling
- Ergonomic issues
- Workplace violence
- Bloodborne pathogen exposure

In addition to these occupational hazards, what role does technology play in the health of healthcare workers?

Societal Pressures
Professional Reality
OCCUPATIONAL STRESS
Occupational Stress

- The National Institute for Occupational Safety and Health defines Occupational Stress as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.”

Professional Burnout

- Characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment.
Professional Burnout

- 46% of US physicians experience symptoms of burnout in 2011.
- By 2014, burnout rates had escalated to 54% among physicians even though rates among other working US adults remained steady.
- Especially among ER physicians, internists, neurologists, FP.
- 34% of hospital nurses, 37% of nursing home nurses report burnout compared with 22% of nurses working in other health settings.

How Technology Contributes to Burnout

- ER physicians spend 44% of their day doing data entry, only 28% of time is spent with patients.
- When in the exam room with pts, PCPs spend from 25% to 50% of their time attending to the computer.
- At a VA during one year period, PCPs spent 49 minutes per day responding to inbox alerts in addition to documentation. Over half of such alerts have little clinical significance, over 80% of the text in the alerts were unnecessary.
- Physicians reported up to 2 hours of after-hours work each night, mostly devoted to EHR tasks.
- A 2013 survey of 30 physician practices found that EHR technology has worsened professional satisfaction through time-consuming data entry and interference with patient care.

Quotes on Burnout

- “I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist.”
- “I realized that my beloved profession was being turned upside down by technology.”
- “It could be worse... I could be younger.”
Costs of Burnout

- Depression (prevalence in physicians: 39%)
- Anxiety
- Emotional exhaustion (prevalence in nurses: 23-31%)
- Alcohol abuse/dependence (12.9% male, 21.4% female)
- Suicidal ideation
- Decreased quality of interpersonal relationships

Costs of Burnout

- Physician and care team burnout may contribute to overuse of resources and thereby increased costs of care
- Unhappy physicians are 2-3 times more likely to leave their practice
- More EHR functionalities - emails with pts, physician order entry, alerts and reminders - are associated with more burnout and intent to leave practice
- Replacement costs per physician: $500K to $1 mil
- The average cost of turnover of a nurse ranges from $37,700 to $64,000
Burnout links to Patient Safety

- Dissatisfied physicians and nurses are associated with lower patient satisfaction.
- Dissatisfied physicians are more likely to prescribe inappropriate medications, which can result in expensive complications.
- Physician burnout is associated with reduced adherence to treatment plans, resulting in negatively affected clinical outcomes.
- Burnout also leads to lower levels of empathy, which is associated with worsened clinical outcomes for patients with diabetes.
- Patient safety is threatened by nurse dissatisfaction; many nurses report that their workload causes them to miss important changes in their patients' condition.
- A review of 20 studies found positive associations between hospital work environment and nurse-sensitive patient outcomes.

What should be the goal?

What policies can be created and implemented that impact safety and health of the physicians and nurses?
Interventions

- Individual
  - Used to be individual-focused—“blaming the victim”
  - Resilience training
  - Mindfulness meditation

- Institutional
  - Integrated health care worker health and patient safety programs


Hierarchy of Controls applied to NIOSH Total Worker Health

1. Eliminate
2. Substitute
3. Redesign
4. Educate

Adapted from: NIOSH Total Worker Health. https://www.cdc.gov/niosh/twh/letsgetstarted.html
Eliminate or reduce

- Leadership responsibility
- Stronger administrator/physician partnerships with participatory management

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<tr>
<th>Action</th>
<th>Comment</th>
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<tr>
<td>Validate Suffering</td>
<td>Empathy, validate feeling, recognize impact; you will navigate with them as partners</td>
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<tr>
<td>Communicate</td>
<td>Keep physicians &amp; nurses informed</td>
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<td>Help physicians &amp; nurses understand the business</td>
<td>Help educate your physician &amp; nurse partners so they better understand why decisions are being made</td>
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<td>Be Inclusive</td>
<td>If you want physician &amp; nursing support for key decisions, include them in the decision making</td>
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<td>Recognize the need for symbiosis</td>
<td>Recognize the need for tandem roles of physicians/nurses and administrators for quality of care and maintaining health of the business</td>
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<td>Beware of Trigger issues</td>
<td>Before executing something new, understand the mood of the physicians and nurses and the effect the change will have</td>
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Adapted from Merlino J. August 19, 2015: www.beckershospitalreview.com

Substitute

- Culture of endurance for culture of wellness
- Adopt physician and nurse well-being as an organizational value
- Stating it, inquiring about it, and most importantly, acting on it sends a strong message to physicians and staff and boosts productivity
- Employee programs
  - Wellness seminars (qualify for CME or malpractice reduction)
  - Mindfulness-based programs in person, online, or by phone
  - Web based CBT
  - EAP: psychotherapy, private psychiatrists
  - Gym
  - Monthly social events, well-being days, required annual physicals
Redesign

- Systems
  - Improved DIR
  - Biometric sign-in
  - DA & authentication
  - Voice recognition
  - Increased efficiency

- Collaborative care model
  - Implement team documentation
  - Co-locate teams so that physicians work in the same space as their team members

- Workflow changes
  - Pre-visit planning and pre-appointment lab testing
  - Standing orders: other team members can assume responsibility for preventive care
  - Avoid shifting burnout from physicians and nurses to staff
  - Flexible work schedules
  - Dedication of more financial and personnel resources

Educate & Encourage

- Educate physicians and nurses about the dangers of occupational stress and burnout in regards to patient safety
- Encourage physicians and nurses to seek help (de-stigmatize)

Thank You!
References


